

RANDLE AFFIDAVIT EXHIBIT 3

Exhibit 3(a): Abbott

- J2930

- J0635

- J3360

- J3010

- J1940

- J1580

- J1644

- J0640

- J3370

EMPLOYEE INFORMATION	
04-2765554	010000494501

REDACTED

11/16/2004

Date Issued

Amount Paid: \$19.69

WILBRAHAM, MA 01095

File Copy

This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, TN 37070-1449

Phone (615) 859-0131 Toll-free (800) 831-4914

Claim No. 2712494

Check No. 1249375

Explanation of Benefits

SMW+ Program

Date of Service	Amount	Non-Charged	Covered	Unpaid	Unpaid
From	To	Charged	Covered	Allowed	Unpaid
10/04/2004	10/04/2004	\$158.50	\$0.00	\$19.69	\$19.69

Comments:

FAMILY CARE MEDICAL CENTER
1515 ALLEN ST
SPRINGFIELD, MA 01118

Provider: FAMILY CARE MEDICAL CENTER
Participant SSN: Dependent
JLS Claim Number: 2712494

Processed by



Southern Benefit
Administrators, Inc.

REDACTED

REDACTED

PLEASE
DO NOT
STAPLE
IN THIS
AREA

MAIL TO:

SHEET METAL WORKERS
PO BOX 1449
GOODLETTSVILLE, TN 37070RETURN
SMW 0001
00047
SECONDARY

REDACTED

HEALTH INSURANCE CLAIM FORM

1. MEDICARE (Medicare #)		MEDICAID (Medicaid #)		CHAMPUS (Sponsor's SSN)		CHAMPVA (VA File #)		GROUP HEALTH PLAN (SSN or ID)		FECA BLK LUNG (SSN)		OTHER (ID)					
2. PATIENT'S BIRTH DATE MM DD YY 08 28 1943												SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>					
3. PATIENT'S RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>																	
CITY WILBRAHAM ZIP CODE 01095-0000				STATE MA				CITY WILBRAHAM ZIP CODE 01095-0000				STATE MA					
4. OFFER INSURED'S DATE OF BIRTH MM DD YY 08 28 1943																	
5. EMPLOYER'S NAME OR SCHOOL NAME RETIRED DISABILITY																	
6. INSURANCE PLAN NAME OR PROGRAM NAME SHEET METAL WORKERS																	
7. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.																	
8. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE DATE 02-28-03																	
9. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE DATE 02-28-03																	
10. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 08 28 1943				11. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 08 28 1943				12. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 08 28 1943									
13. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE MATHEWS, THOMAS				14. I.D. NUMBER OF REFERRING PHYSICIAN E51790				15. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 08 28 1943									
16. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES																	
17. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																	
18. PRIOR AUTHORIZATION NUMBER																	
19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)																	
20. DATE(S) OF SERVICE From MM DD YY To MM DD YY																	
21. PLACE OF SERVICE																	
22. TYPE OF SERVICE																	
23. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER																	
24. DIAGNOSIS CODE																	
25. \$ CHARGES																	
26. DAYS OR UNITS																	
27. EPSDT Family Plan																	
28. EMG																	
29. COR																	
30. RESERVED FOR LOCAL USE																	
25. FEDERAL TAX I.D. NUMBER 04-2765554				26. PATIENT'S ACCOUNT NO. 01-0000494501				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 158.50		29. AMOUNT PAID \$ 138.81		30. BALANCE DUE \$ 19.69	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MATHEWS, THOMAS MD LIC # 41040 10/27/04				32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) MAIN OFFICE URGENT CARE P 1515 ALLEN STREET SPRINGFIELD, MA 01118-000				33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # URGENT CARE PHYSICIANS PC 1515 ALLEN STREET SPRINGFIELD, MA 01118-000				PINE		GRP			

HIGHLY CONFIDENTIAL
SMWMASS 000304

NATIONAL HERITAGE INSURANCE COMPANY
 PROVIDER #: M13659
 CHECK/EFT #: 127956492

10/18/04

127956492 100000353
 URGENT CARE PHYSICIANS
 PAGE #: 3 OF 4

MEDICARE
 REMITTANCE
 NOTICE

PERF	PROV	SEVN	DATE	POS	MOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
R01072	1004	100404	11	1	99213			73.00	55.97	0.00	11.19	CO-42	44.78
R01072	1004	100404	11	1	81000			17.00	4.43	0.00	0.00	CO-42	4.43
PT RESP		11.19						90.00	60.40	0.00	11.19		49.21
CLAIM TOTALS													
49.21 NET													

R01072	1004	100404	11	1	99213			73.00	55.97	0.00	11.19	CO-42	44.78
R01072	1004	100404	11	1	81000			17.00	4.43	0.00	0.00	CO-42	4.43
PT RESP		11.19						90.00	60.40	0.00	11.19		49.21
CLAIM TOTALS													
49.21 NET													

CLAIM INFORMATION FORWARDED TO: BC/BS OF MASS

A20455	1002	100204	11	1	93000			125.00	101.46	0.00	23.54	CO-42	80.93
A20455	1002	100204	11	1	93000			51.50	28.81	0.00	5.76	CO-42	23.05
PT RESP		25.99						176.50	129.97	0.00	25.99		103.98
CLAIM TOTALS													
103.98 NET													

CLAIM INFORMATION FORWARDED TO: BC/BS OF MASS

A20455	1003	100304	11	1	99213			73.00	55.97	0.00	11.19	CO-42	44.78
A20455	1003	100304	11	1	73140 LT			53.00	24.77	0.00	4.95	CO-42	19.82
PT RESP		16.14						126.00	80.74	0.00	16.14		64.60
CLAIM TOTALS													
64.60 NET													

CLAIM INFORMATION FORWARDED TO: BC/BS OF MASS

PERF	PROV	SEVN	DATE	POS	MOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
R01072	1004	100404	11	1	99214			115.00	87.24	0.00	17.45	CO-42	69.79
R01072	1004	100404	11	2	J1030			19.75	7.40	0.00	1.48	CO-42	5.92
R01072	1004	100404	11	1	J2930			15.50	1.72	0.00	0.34	CO-42	1.38
R01072	1004	100404	11	1	J0170			8.25	2.10	0.00	0.42	CO-42	1.68
PT RESP		19.69						158.50	98.46	0.00	19.69		78.77
CLAIM TOTALS													
78.77 NET													

ACMT 010000494501

ICN 0204280262050

ASS Y MOA MA01

R01072	1001	100104	11	1	99202			85.00	68.29	0.00	13.66	CO-42	54.63
PT RESP		13.66						85.00	68.29	0.00	13.66		54.63
CLAIM TOTALS													
54.63 NET													

CLAIM INFORMATION FORWARDED TO: JOHN HANCOCK

A20455	1002	100204	11	1	80001			15.00	3.00	0.00	0.00	CO-42	3.00
PT RESP		0.00						15.00	3.00	0.00	0.00		3.00
CLAIM TOTALS													
3.00 NET													

R01072	1004	100404	11	1	97110 GP			48.00	29.97	0.00	5.99	CO-42	23.98
R01072	1004	100404	11	1	97140 GP			48.00	27.78	0.00	5.56	CO-42	22.22
R01072	1004	100404	11	1	97035 GP			43.00	12.86	0.00	2.57	CO-42	10.29
R01072	1004	100404	11	1	97010 GP			28.00	0.00	0.00	0.00	CO-B15	0.00
PT RESP		14.12						167.00	70.61	0.00	14.12		56.49
CLAIM TOTALS													
56.49 NET													

CLAIM INFORMATION FORWARDED TO: BC/BS OF MASS

A20455	1003	100304	11	1	99202			85.00	68.29	0.00	13.66	CO-42	54.63
PT RESP		13.66						85.00	68.29	0.00	13.66		54.63
CLAIM TOTALS													
54.63 NET													

R01072	1001	100104	11	1	99213			73.00	55.97	0.00	11.19	CO-42	44.78
R01072	1001	100104	11	1	81000			17.00	4.43	0.00	0.00	CO-42	4.43
PT RESP		11.19						90.00	60.40	0.00	11.19		49.21
CLAIM TOTALS													
49.21 NET													

R01072	1004	100404	11	1	81000			52.00	40.33	0.00	8.07	CO-42	32.26
R01072	1004	100404	11	1	81000			17.00	4.43	0.00	0.00	CO-42	4.43
PT RESP		8.07						69.00	44.76	0.00	8.07		36.69
CLAIM TOTALS													
36.69 NET													

A20455	1003	100304	11	1	70150			119.00	48.70	0.00	9.74	CO-42	38.96
A20455	1003	100304	11	1	99202			85.00	68.29	0.00	13.66	CO-42	54.63
PT RESP		23.40						204.00	116.99	0.00	23.40		93.59
CLAIM TOTALS													
93.59 NET													

CLAIM INFORMATION FORWARDED TO: BC/BS OF MASS

[REDACTED]	
Employee	
04-2791396	[REDACTED]

03

REDACTED11/07/2001
Date IssuedAmount Paid: **\$560.62**

CHESHIRE, MA 01225

REDACTED

File Copy This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, TN 37070-1449

Phone (615) 859-0131 Toll-free (800) 831-4914

Claim No. 1601128

Check No. 0124159

Explanation of Benefits**SMW+ Program**

Period	Service	Amount	Net	Charges	Co-insurance	Out-of-pocket
08/01/2001	08/31/2001	\$6,335.25	\$0.00	\$560.62	\$560.62	\$560.62

Comments:

REDACTED

BERKSHIRE MEDICAL CENTER
PO BOX 4999
PITTSFIELD, MA 01202

Provider: **BERKSHIRE MEDICAL CENTER**
 Participant SSN:
 CJB Claim Number: 1601128

Processed by



Southern Benefit
Administrators, Inc.

HIGHLY CONFIDENTIAL
 SMW/MASS 001170

BERKSHIRE MEDICAL CENTER PO BOX 4999 PITTSFIELD MA 01202 4134472929										2 617169651 721										SS PATIENT CONTROL NO. 617169651 721																																																																																									
FED. TAXES TO 01/01/01 STATEMENT COVERS PERIOD THROUGH 083101										7C CODE 84C-D 9C-D, 10L-R, 11FD																																																																																																			
12 PATIENT NAME CHESHIRE MA 01225										13 PATIENT ADDRESS																																																																																																			
14 BIRTH DATE 10291924										15 SEX M										16 DATE 080101										17 TYPE 20 SRC 01 3 1										21 D HR 22 STAT 23 01										23 MEDICAL RECORD NO. 000652246										24 25 26 27 28 29 30 31																																																	
32 OCCURANCE DATE 74										33 OCCURANCE DATE 082901										34 OCCURANCE DATE 090201										35 OCCURANCE DATE 1127049260																																																																															
36 SHEET METAL WORKERS PO BOX 1449 GOODLETTSVILLE TN 37070										37 VALUE CODES 49 35 10										38 VALUE CODES 68 30000 00										39 VALUE CODES A3 5774 63																																																																															
42 REV. CD 304										43 DESCRIPTION ASSAY FOR DIGOXIN										44 HCPCS/RATES 80162										45 SERV. DATE 082901										46 SERV. UNITS 1										47 TOTAL CHARGES 47 10										48 NON-COVERED CHARGES 49																																																	
304										TRANSFERRIN										84466										080201										1										45 30																																																											
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634										DRUG/EPO<=10,000 UNITS										080101										12										699 48																																																																					
636										INJECTION, CALCITRIOL, 1										J0635										080101										12										566 40																																																											
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001										TOTAL CHARGES																														6335 25																																																																					
50 PAYER MEDICARE-RENAL										51 PROMOTED 22006										52 REL 53 ASG Y Y										54 PRIOR PAYMENTS 5774 63										55 EST. AMOUNT DUE 560 52										56																																																											
58 INSURED'S NAME SHEET METAL WORKERS										59 P.R. NO. 02791396										60 CERT. - SSN - HIC - ID NO. Y Y										61 GROUP NAME										62 INSURANCE GROUP NO.																																																																					
63 TREATMENT AUTHORIZATION CODES 9										64 EDC PITTSFIELD PIPERS										65 EMPLOYER NAME PITTSFIELD PIPERS										66 EMPLOYER LOCATION																																																																															
57 PRIN. DIAG. CD 585										58 CODE 40391										59 CODE 28521										60 CODE 2859										61 CODE 71 CODE										62 CODE 72 CODE										63 CODE 73 CODE										64 CODE 74 CODE										65 CODE 75 CODE										66 ADJ. DIAG. CD 76 CODE										77 E-CODE 78									
79 P.C. 9										80 PRINCIPAL PROCEDURE DATE										81 OTHER PROCEDURE DATE										82 ATTENDING PHYS ID B98024 ROSE HENRY										83 OTHER PHYS ID B98024 ROSE HENRY																																																																					
84 REMARKS FE 492 IR 30																				85 PROVIDER REPRESENTATIVE GEORGE SOUCY										86 DATE 102501																																																																															

MEDICARE INTERMEDIARY REMITTANCE ADVICE

BERKSHIRE MEDICAL CENTER FISCAL PERIOD MEDICARE-RENAL
 PO BOX 4999 ENDING 09/30/01 MUTUAL OF OMAHA
 PITTSFIELD MA 012020000 P O BOX 2350
 BILLYE 721 OMAHA NE 681030000

REDACTED

INTERMEDIARY FILE DATE 10/11/01 PRINT DATE 10/25/01

NAME P. SERVICE FROM 08/01/01 THRU 08/31/01
 HIC IC PAT STAT 01 CLM STAT 1
 MR CLM

CHARGES:	PPS DATA:	PAYMENT DATA:
REPORTED 6335.25	DRG NUMBER	REIMB RATE 0.39
NCOVD 0.00	DRG AMOUNT	0.00 MSP PRIMPAY 0.00
DENIED 0.00	DRG/OPER	0.00 PROF COMP 0.00
	DRG/CAPITAL	0.00 ESRD AMOUNT 0.00
DAYS:	OUTLIER	0.00 HCSPS AMOUNT 2377.76
COST REPORT 0	NON LAB CHRG	0.00 NET REIMBURS 1817.14

COINSURANCE 560.62
 DEDUCTIBLE 0.00
 CONTRACTUAL 3957.49

charges:	HCPCS	UB92	Reported	Allowed
	Code	Code	Amount	Amount
	0634		699.48	200.63
	J0635	636	566.40	162.45
	J2915	636	217.34	62.33
	90999	821	2892.32	829.60
	90999	821	1807.70	518.48
	83540	304	22.98	6.58
	84466	304	45.30	12.99
	87340	304	36.63	10.50
	80162	304	47.10	13.58

REDACTED	DEPENDENT (IF APPLICABLE)	RELATIONSHIP
		E
PROVIDER TAX I.D. #:	PATIENT ACCOUNT #	10
	38064372	

67-4
640**NO 0532886**

10/23/2002

DATE ISSUED

SHEET METAL WORKERS' NATIONAL HEALTH FUND
 P.O. BOX 1449 • GOODLETTSVILLE, TN 37070-1449

PAY *****225DOLLARS AND 49CENTS**

DOLLARS *****225. 49**

TO THE
ORDER
OF

WINCHESTER HOSPITAL
 41 HIGHLAND AVE

0532886

AUTHORIZED SIGNATURE

WINCHESTER, MA 01890

NON NEGOTIABLE

AUTHORIZED SIGNATURE

Checkland Bank, Nashville
 Nashville, Tennessee 37203

⑈00532886⑈ ⑈064000046⑈ 7021390302⑈

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, Tennessee 37070-1449

Toll-Free 800-831-4914 Phone (615) 859-0131

SNW+ PROGRAM**EXPLANATION OF BENEFITS**

FROM DATE	TO DATE	CHARGES SUBMITTED	NON COVERED	CHARGES ALLOWED	COVERED CHARGES	AMOUNT PAID
09/12/2002	09/12/2002	1305.18	00	225.49	225.49	225.49

NON-COVERED CODES:

1305.18	00	225.49	225.49	225.49
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COMMENTS:

REDACTED**REDACTED**

PROVIDER: WINCHESTER HOSPITAL

PARTICIPANT

DEPEND

01

CLUB CLAIM NUMBER: 1948451

LEXINGTON MA 02173

Processed by

SOUTHERN BENEFIT
ADMINISTRATORS INC.

HIGHLY CONFIDENTIAL
 CMAA/MACC 004566

WINCHESTER HOSPITAL 41. HIGHLAND AVE WINCHESTER, MA 01890 800-725-0077		2		3 PATIENT CONTROL NO. 38084372		131	
5 FID. TAX NO. 042104434		7 COVD. 091202		8 HCD. 091202		9 E/D. 10 L/R. 11	
12 PATIENT NAME LEXINGTON, MA; 02173							
14 BIRTH DATE 10311939		15 SEX M		16 M 091202		17 10 19 41	
18 99		19 01		20 348328		21	
22 MEDICAL RECORD NO.							
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UB-82 HCFA-1450

OCR/ORIGINAL

IDENTIFY THE COMPARISONS ON THE REVERSE APPLY TO THIS BUT ARE READ A PART HEREIN.

HIGHLY CONFIDENTIAL
SMA/MASS 001567

SUMMARY PC-PRINT														
220105		WINCHESTER HOSPITAL				FYE: 09/30/02		PART A		PAID DATE: 10/01/02			PAGE: 1	
PATIENT NAME		F M	PATIENT CNTRL NUMBER		COST	NCV 1	DRG TOT AMT	REPTD CHGS	HSP LIAB M	PROF COMP	ESRD NET	CONT ADJ		
HIC NUMBER			MEDICAL REC NUMBER		COVDY	OUTCD	DRG OPR AMT	NCOVD CHGS	HSP PAYMT	PAT RESP	REIMB RATE	PER DIEM		
FROM DATE THRU DATE			ICM NUMBER		NCVDY	PAT ST	DRG OUT AMT	DENIED CHGS	DEDUCTIBLE	PAT REFUND	ALLOWD AMT	HCPES AMT		
CLAIM#		CLM STATUS	TOB	WACHG	HICHG	CV LN	DRG #	DRG CAP AMT	COVD CHGS	COINSURANCE	INTEREST	G/R AMOUNT	NET REIMB	
REM	RC	REM	RC	REM	RC	REM	RC	RC	RC					
			38084372 01 1		0	0	0.00	1305.18	0.00	0.00	0.00	814.83		
			348328				0.00	0.00	0.00	225.49	0.00	0.00		
09-12-02	09-12-02	1227322086			01		0.00	0.00	0.00	0.00	0.00	0.00		
11	1	131	QC	HN	0		0.00	1305.18	225.49	0.00	0.00	264.86		

REDACTED

REDACTED

36

Spouse

04-2103577

065818401

09/01/2004

Date Issued

Amount Paid: \$468.77

REDACTED

SOUTHBRIDGE, MA 01550

File Copy This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, TN 37070-1449

Claim No. 2632504

Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1171960

Explanation of Benefits

SMW+ Program

Date of Service	When	Non-Charges	Covered	Maternal
From	To	Charges	Covered	Allowed
07/07/2004	07/07/2004	\$4,632.52	\$0.00	\$468.77
				\$468.77
				\$468.77

Total: \$4,632.52 \$0.00 \$468.77 \$468.77

Comments:

REDACTED

HARRINGTON MEMORIAL HOSPITAL
100 SOUTH ST
SOUTHBRIDGE, MA 01550

Provider: HARRINGTON MEMORIAL HOSPITAL
Participant SSN:
PDS Claim Number: 2632504

REDACTED

Processed by



Southern Benefit
Administrators, Inc.

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044

01 000246578

SOUTHBRIDGE MA 01550

REFUSED

42 REV. CD.	43 DESCRIPTION	44 NCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGE	49
0250	PHARMACY			5	20425		
0270	MED SURG SUPPLIES		071404	16	121167		
0301	BASIC METABOLIC PAN	80048	070704	1	3465		
0307	URINALYSIS W/ MICROS	81001	070704	1	1150		
0312	DECALCIFICATION PROC	88311	071404	1	2630		
0360	61-90 MIN OP-2	28119LP	071404	1	123100		
0482	STRESS TEST	93017	071404	1	43900		
0636	VERSED 1MG	J2250	071404	3	648		
0710	RECOVERY ROOM			3	77600		
0001	TOTAL CHARGE				463252		

50 PAYER	51 PROVIDER NO.	52 PRG - 53 ASG - 54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
MEDICARE	220019	Y Y		
57				
58 INSURED'S NAME				
59 PRG 60 CERT - SSN - EMP - ID NO.				
61 EMPLOY NAME				

B1 GROUP NAME OUTPATIENT		B2 DISBURSEMENT GROUP FULL OUTPATIENT	
------------------------------------	--	---	--

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
	5	REDACTED	

67 FROM DATE CO.						76 ADM. DIAG. CD								77 E-CODE		78	
726.73		401 9												726.73			

[illegible]

04 REMARKS	MEDICARE MUTUAL OF OMAHA PO BOX 2350 OMAHA NE 68103-2350	PURCHASED 	PRODUCER REPRESENTATIVE X
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POST DATE: 7/21/04 001 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REQUEST APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

HIGHLY CONFIDENTIAL
CBAW8AACC 0004EE

SI

MUTUAL OF OMAHA MEDICARE				MUTUAL OF OMAHA PLAZA				OMAHA		NE 68175		TEL# 4023512860 VER# 3030H	
220019 HARRINGTON MEMORIAL HOSP				PART B				PAID DATE: 08/06/2004		REMIT# 734		PAGE: 3	
PAYER		PATIENT CNTRL NUMBER		RC	REN	DRG#	OUTCD	CAPCD	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ	
FROM DT	THRU DT	ICN NUMBER	NACMG	HICMG	TOD	RC	REN	PROF COMF	HSP PAYMT	COVD CHGS	ESRD NET ADJ	PER DIEM RTE	
CLM STATUS		COST	CONVDY	RC	REN	DRG AMT			DEDUCTIBLES	NCOVD CHGS	INTEREST	PROC CD	AMT NET REIMB
		20420200784502				A2	MA01		.00	.00	.00		10.61
07/12/2004	07/12/2004	QC	N	141		01	B3		.00	27.10	.00		.41
1									.00	.00	.00		8.49
									.00	.00	.00		8.49
		20420600619102				A2	MA01		.00	.00	.00		18.61
07/13/2004	07/13/2004	QC	N	141		01	B3		.00	27.10	.00		.41
1									.00	.00	.00		8.49
									.00	.00	.00		8.49
		20420600614902				A2	MA01		.00	.00	.00		46.52
06/15/2004	06/15/2004	QC	N	141		01	B3		.00	56.80	.00		.41
1									.00	.00	.00		10.28
									.00	.00	.00		10.28
		20420600621002				A2	MA01		.00	.00	.00		135.44
07/13/2004	07/13/2004	QC	N	141		01	B3		.00	162.58	.00		.41
1									.00	.00	.00		27.06
									.00	.00	.00		27.06
		20420600606802				A2	MA01		.00	.00	.00		3309.64
07/07/2004	07/14/2004	QC	N	131		01	B3		.00	468.77	.00		.41
1						2			.00	4632.52	.00		✓
									.00	.00	.00		30.12
									.00	.00	.00		854.11
		20420600612302				A2	MA01		.00	.00	.00		259.48
06/30/2004	06/30/2004	QC	N	131		01	B3		.00	73.56	.00		.41
1						2			.00	635.68	.00		✓
									.00	.00	.00		55.87
									.00	.00	.00		302.56
		20420600615002				A2	MA01		.00	.00	.00		18.61
06/17/2004	06/17/2004	QC	N	141		01	B3		.00	27.10	.00		.41
1									.00	.00	.00		8.49
									.00	.00	.00		8.49
		20420600626802				A2	MA01		.00	.00	.00		1979.83
07/13/2004	07/13/2004	QC	N	131		01	B3		.00	832.34	.00		.41
1						2			.00	4358.21	.00		✓
									.00	.00	.00		13.86
									.00	.00	.00		1546.04

MUTUAL OF OMAHA MEDICARE				MUTUAL OF OMAHA PLAZA				OMAHA		NE 68175		TEL# 4023512860 VER# 3030H	
220019 HARRINGTON MEMORIAL HOSP				PART B				PAID DATE: 08/06/2004		REMIT# 734		PAGE: 4	
PATIENT NAME	PATIENT CNTRL	NUMBER	RC	REN	DRG	OUTCD	CAPCD	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ	ESRD NET ADJ	PER DIEM RTE
FROM DT	THRU DT	ICN NUMBER	NACMG	HICMG	TOD	RC	REN	OUTCD	COVD CHGS	ESRD NET ADJ	PER DIEM RTE	PROC CD	AMT
CLM STATUS	COST	CONVDY	RC	REN	DRG AMT	RC	REN	DRG AMT	HSP PAYMT	DEDUCTIBLES	DENIED CHGS	NET REIMB	
		20420600616802	01	B3	MA01				.00		.00	.00	49.06
06/23/2004	06/23/2004	QC N							.00		73.75	.00	.41
1								.00	.00	.00	.00	.00	22.69
								.00	.00	.00	.00	.00	22.69
07/13/2004	07/13/2004	20420600619102	01	B3	MA01				.00		.00	.00	37.55
1		QC N							.00		53.20	.00	.41
								.00	.00	.00	.00	.00	15.65
								.00	.00	.00	.00	.00	15.65
07/08/2004	07/09/2004	20420200787402	01	B3	MA01				.00		93.99	.00	1174.38
1		QC N				2			.00		1749.79	.00	.41
								.00	.00	.00	.00	.00	221.52
								.00	.00	.00	.00	.00	481.42
07/07/2004	07/07/2004	20419900509302	01	B3	MA01				.00		.00	.00	93.03
1		QC N							.00		136.56	.00	.41
								.00	.00	.00	.00	.00	43.47
								.00	.00	.00	.00	.00	43.47
07/13/2004	07/13/2004	20420600626802	01	B3	MA01				.00		10.79	.00	213.05
1		QC N				2			.00		267.00	.00	.41
								.00	.00	.00	.00	.00	53.95
								.00	.00	.00	.00	.00	43.16
07/13/2004	07/13/2004	20420600627702	01	B3	MA01				.00		22.85	.00	129.28
1		QC N				2			.00		175.00	.00	.41
								.00	.00	.00	.00	.00	.00
								.00	.00	.00	.00	.00	22.87
06/28/2004	06/28/2004	20420600609302	01	B3	MA01				.00		25.56	.00	428.21
1		QC N				2			.00		526.00	.00	.41
								.00	.00	.00	.00	.00	.00
								.00	.00	.00	.00	.00	71.73
07/14/2004	07/14/2004	20420600626502	01	B3	MA01				.00		40.89	.00	266.29
1		QC N				2			.00		350.00	.00	.41
								.00	.00	.00	.00	.00	.00
								.00	.00	.00	.00	.00	42.91

BRADFORD, MA; 01835

[illegible]

BRADFORD MA
01835

50 PAYER	51 PROVIDER NO.	52 REG. INFO.	53 ASD DTN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
MEDICARE	220174		Y			
50 PAYER	51 PROVIDER NO.	52 REG. INFO.	53 ASD DTN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
MEDICARE	220174		Y			

[illegible]

RETIRED/VOLUNTEER @ HEAD		66 EMPLOYER LOCATION
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[illegible]

14 REMARKS SUPPLEMENTAL MEDICARE WRAPAROUND PLUS PROGRAM	15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531
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UB-92 CMS-1450 **OCR/ORIGINAL** I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS DIAL AND ARE MADE A PART HEREOF.

REDACTED

76

Spouse	
04-3568182	VAC02696

09/15/2005

Date Issued

REDACTEDAmount Paid: **\$153.16**

HAVERHILL, MA 01831

File Copy

This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, TN 37070-1449

Claim No. **3034613**

Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. **1549011****Explanation of Benefits****SMW+ Program**

Dates of Service	Amount	Non-Charged	Charged	Allowed	Allowed	Allowed
From	To	Charged	Covered	Allowed	Allowed	Paid
06/23/2005	06/23/2005	\$2,847.63	\$0.00	\$153.16	\$153.16	\$153.16

Comments:

REDACTED

02

ESSENT HEALTHCARE
PO BOX 415000
NASHVILLE, TN 37241

Provider:

Participant SSN:

KAK Claim Number: 3034613

Processed by



Southern Benefit
Administrators, Inc.

HIGHLY CONFIDENTIAL
SMWMASS 000005

REC'D
JAN 27 1968

HIGHLY CONFIDENTIAL
SMWMASS 000006

Medicare Part B
 PROVIDER #: W24221
 CHECK/EFT #: 044000030030230

01/31/05

866-786-7155 Provider
 THE OXFORD MEDICAL GRP PC
 PAGE #: 4 OF 14

REMIT
 PROV
 CHECK
 REF

PERF PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED REDUCT COINS GRP/RC-AMT PROV PD

NAME [REDACTED] ICH 05024490217000 ASG Y MOA HMBZ HAI30

W24221 0722 072204 21 11 93526 26 396.00 0.00 0.00 0.00 CO-16 396.00 0.00
 PT RESP 0.00 CLAIM TOTALS 396.00 0.00 0.00 0.00 396.00 0.00
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00

NAME [REDACTED] ICH 05018661069000 ASG Y MOA HAI3 HAI01

108AS24221 1203 120304 21 1 99223 176.18 176.18 0.00 35.24 0.00 140.94
 108AS24221 1204 120404 21 1 99233 88.63 88.63 0.00 17.74 0.00 70.89
 108AS24221 1205 120504 21 1 99238 79.75 79.75 0.00 15.94 0.00 63.81
 PT RESP 68.92 CLAIM TOTALS 344.62 344.62 0.00 68.92 0.00 275.70
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 275.70

NAME [REDACTED] ICH 05027686178000 ASG Y MOA HAI3 HAI01

561N024221 0120 012005 11 1 99214 96.99 86.36 86.36 0.00 CO-42 10.63 0.00
 PT RESP 86.36 CLAIM TOTALS 96.99 86.36 86.36 0.00 10.63 0.00
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00
 CLAIM INFORMATION FORWARDED TO: WORLDNET SERVICES CORP.

NAME [REDACTED] ICH 05018661051000 ASG Y MOA HAI3 HAI01

7410524221 1228 122804 11 1 85025 11.14 10.86 0.00 0.00 CO-42 0.28 10.86
 7410524221 1228 122804 11 1 85610 5.63 5.49 0.00 0.00 CO-42 0.14 5.49
 7410524221 1228 122804 11 1 36616 12.00 0.00 0.00 0.00 CO-B15 12.00 0.00
 7410524221 1228 122804 11 1 80001 3.09 3.00 0.00 0.00 0.00 3.00
 PT RESP 0.00 CLAIM TOTALS 31.77 19.35 0.00 0.00 12.42 19.35
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 19.35

NAME [REDACTED] ICH 05024490203010 ASG Y MOA HAI30 HAI3

46A7824221 0725 072904 11 11 36415 3.00 0.00 0.00 0.00 CO-16 3.00 0.00
 REM: H51 PT RESP 0.00 CLAIM TOTALS 3.00 0.00 0.00 0.00 3.00 0.00
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00

NAME [REDACTED] ICH 05027686105000 ASG Y MOA HAI3 HAI01

30H9224221 0114 011405 11 1 99214 96.99 96.99 96.99 0.00 0.00 0.00
 PT RESP 96.99 CLAIM TOTALS 96.99 96.99 96.99 0.00 0.00 0.00
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00

NAME [REDACTED] ICH 05018660973000 ASG Y MOA HAI3 HAI01

46A7824221 0105 010505 11 15 J0640 100.04 100.04 100.04 0.00 0.00 0.00
 46A7824221 0105 010505 11 1 J0640 45.00 19.50 9.96 1.91 CO-42 25.50 7.63
 46A7824221 0105 010505 11 1 J7050 2.22 0.02 0.00 0.00 CO-42 2.20 0.02
 46A7824221 0105 010505 11 1 G0357 158.41 158.41 0.00 31.68 0.00 126.73
 46A7824221 0105 010505 11 2 J9190 3.70 3.36 0.00 0.67 CO-42 0.34 2.69
 46A7824221 0105 010505 11 1 99215 25 139.05 139.05 0.00 27.98 0.00 111.07
 PT RESP 172.24 CLAIM TOTALS 449.22 421.18 110.00 62.24 28.04 248.94
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 248.94

NAME [REDACTED] ICH 05018660944000 ASG Y MOA HAI3 HAI01

46A7824221 0106 010605 11 2 99213 62.05 62.05 62.05 12.41 0.00 49.64
 PT RESP 12.41 CLAIM TOTALS 62.05 62.05 62.05 12.41 0.00 49.64
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 49.64
 CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE AARP

NAME [REDACTED] ICH 05018660947000 ASG Y MOA HAI3 HAI01

46A7824221 0106 010605 11 2 85025 11.14 10.86 0.00 0.00 CO-42 0.28 10.86
 46A7824221 0106 010605 11 1 80053 13.71 13.36 0.00 0.00 CO-42 0.35 13.36
 46A7824221 0106 010605 11 1 83036 13.92 13.56 0.00 0.00 CO-42 0.36 13.56
 46A7824221 0106 010605 11 1 36415 3.00 3.00 0.00 0.00 0.00 3.00
 PT RESP 0.00 CLAIM TOTALS 41.77 40.78 0.00 0.00 0.99 40.78
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 40.78

NAME [REDACTED] ICH 05018661062000 ASG Y MOA HAI3 HAI01

46A7824221 0106 010605 11 1 80053 13.71 10.33 0.00 0.00 CO-42 3.38 10.33
 46A7824221 0106 010605 11 1 80061 19.21 14.47 0.00 0.00 CO-42 4.74 14.47
 46A7824221 0106 010605 11 1 36415 3.00 3.00 0.00 0.00 0.00 3.00
 PT RESP 0.00 CLAIM TOTALS 35.92 27.80 0.00 0.00 8.12 27.80
 ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 27.80

REDACTED

Employee	
04-3477239	F207550883

20

REDACTED

06/22/2004

Date Issued

Amount Paid: \$411.04

SO WEYMOUTH, MA 02190

File Copy This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, TN 37070-1449

Phone (615) 859-0131 Toll-free (800) 831-4914

Claim No. 2554958

Check No. 1098039

Explanation of Benefits

SMW+ Program

DATE OF SERVICE	DATE OF BILL	AMOUNT BILLED	AMOUNT COVERED	AMOUNT PAID BY MEMBER	AMOUNT PAID BY SMW+	AMOUNT PAID BY OTHER
01/07/2004	01/08/2004	\$3,510.55	\$0.00	\$411.04	\$411.04	\$411.04

Total	\$3,510.55	\$0.00	\$411.04	\$411.04	\$411.04	\$411.04
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Comments:

REDACTED

REDACTED

QUINCY MEDICAL CENTER
114 WHITWELL STREET
QUINCY, MA 02169

Provider: QUINCY MEDICAL CENTER

Participant SSN:

Dependent:

01

VLC Claim Number: 2554958

Processed by



Southern Benefit
Administrators, Inc.

HIGHLY CONFIDENTIAL
SMWMASS 001438

QUINCY MEDICAL CENTER 114 WHITNEY STREET QUINCY, MA 01906		2		3 PATIENT CONTROL NO. F20755088 3		APPROVED OMB NO. 0838-0271 F20755088 3	
12 PATIENT NAME [REDACTED]		31 PATIENT ADDRESS [REDACTED]		7 COVD. 1		8 NCD. 0	
14 BIRTHDATE 07221923		15 SEX M		16 MRS W		17 MEDICAL RECORD NO. M0095106	
18 OCCURRENCE [REDACTED]		19 OCCURRENCE [REDACTED]		20 OCCURRENCE [REDACTED]		21 OCCURRENCE [REDACTED]	
22 SHEET METAL WORKERS NATIONAL HEALTH FUND PO BOX 1449 GOODLETTSVILLE, TN 37070-1449		23 SOUTH WEYMOUTH, MA 02190		24		25	
42 REV. CO. 250		43 DESCRIPTION PHARMACY		44 HCPCS / RATES [REDACTED]		45 SERV. DATE 010204	
46 SERV. UNITS 11		47 TOTAL CHARGES 10409		48 NON-COVERED CHARGES		49	
300		LABORATORY		86850		010204	
305		LABORATORY HEMATOLOGY		85027		1	
370		ANESTHESIA		[REDACTED]		1	
636		DRUGS REQUIRING DETAIL		J1580		1	
730		EKG / ECG		93005		1	
001		TOTAL CHARGE		[REDACTED]		353590	
50 PAYER MEDICARE [REDACTED]		51 PROVIDER NO. 220067		52 PRIOR PAYMENTS Y Y		53 EST. AMOUNT DUE 164599	
54		55		56		57	
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862		863		864		865	
866		867		868		869	

220067 QUINCY MEDICAL CENTER 09/30/2004

20040518 PAGE 26

PATIENT NAME	PATIENT CNTRL NUMBER	TRH DT	COST	REPTD CHGS	DRG NBR	OUTLIER AMT	REIMB RATE	ALLOW/REIM	INTEREST
ICN NUMBER	TRC NUMBER	TRH DT	COVDV	INCVD/DENIED	DRG AMOUNT	DEDUCTIBLES	INSR PRI PAY	PROC CD AMT	PAT REFUND
CLAIM #/CLM STATUS	MEDICAL REC NUMBER	TRH DT	INCVDV	CLAIM ADJS	DRG O-C	COINS AMT	PROF COMP	LINE ADJ AMT	PEDDEN AMT
NAME CHG=XX	TRC CHG=XX	TOB=XXX	ICV LN	INCVD CHGS		INSR LIAB NET	SSRD AMT	CONT ADJ AMT	NET. REIMB
20412501196102	F20755088 3	040102	01	3510.55	000	1.55	0.370	1644.44	0.00
266 11	M0095106	040108	01	0.00	0.00	0.00	0.00	20.87	0.00
NAME CHG=QC	TRC CHG=RN	TOB=131	01	-1.55	0.00	411.04	0.00	1455.07	-0.37
			01	3510.55		0.00	0.00	0.00	1645.99

2nd

REDACTED

25 HIGHLAND AVENUE NEWBURYPORT MA 01950		5 FED. TAX NO. 0421104338		6 STATEMENT COVERS PERIOD FROM 080504 THROUGH 080504		7 COVD. 0		8 HCD. 0		9 CID. 0		10 L.R.O. 11	
12 PATIENT NAME				13 PATIENT ADDRESS NEWBURYPORT, MA; 01950									
14 BIRTHDATE 01021926		15 SEX M		16 MRS M		17 DATE 080504		18 TYPE 06		19 SRC 3		20 SRC 1	
21 D HR 99		22 STAT 01		23 MEDICAL RECORD NO. M0105595									
24 OCCURRENCE CODE		25 DATE		26 CODE		27 DATE		28 CODE		29 DATE		30 CODE	
31 OCCURRENCE CODE		32 DATE		33 CODE		34 DATE		35 CODE		36 DATE		37 CODE	
38 OCCURRENCE CODE		39 DATE		40 CODE		41 DATE		42 CODE		43 DATE		44 CODE	
45 OCCURRENCE CODE		46 DATE		47 CODE		48 DATE		49 CODE		50 DATE		51 CODE	
52 OCCURRENCE CODE		53 DATE		54 CODE		55 DATE		56 CODE		57 DATE		58 CODE	
59 OCCURRENCE CODE		60 DATE		61 CODE		62 DATE		63 CODE		64 DATE		65 CODE	
66 OCCURRENCE CODE		67 DATE		68 CODE		69 DATE		70 CODE		71 DATE		72 CODE	
73 OCCURRENCE CODE		74 DATE		75 CODE		76 DATE		77 CODE		78 DATE		79 CODE	
80 OCCURRENCE CODE		81 DATE		82 CODE		83 DATE		84 CODE		85 DATE		86 CODE	
87 OCCURRENCE CODE		88 DATE		89 CODE		90 DATE		91 CODE		92 DATE		93 CODE	
94 OCCURRENCE CODE		95 DATE		96 CODE		97 DATE		98 CODE		99 DATE		100 CODE	
101 OCCURRENCE CODE		102 DATE		103 CODE		104 DATE		105 CODE		106 DATE		107 CODE	
108 OCCURRENCE CODE		109 DATE		110 CODE		111 DATE		112 CODE		113 DATE		114 CODE	
115 OCCURRENCE CODE		116 DATE		117 CODE		118 DATE		119 CODE		120 DATE		121 CODE	
122 OCCURRENCE CODE		123 DATE		124 CODE		125 DATE		126 CODE		127 DATE		128 CODE	
129 OCCURRENCE CODE		130 DATE		131 CODE		132 DATE		133 CODE		134 DATE		135 CODE	
136 OCCURRENCE CODE		137 DATE		138 CODE		139 DATE		140 CODE		141 DATE		142 CODE	
143 OCCURRENCE CODE		144 DATE		145 CODE		146 DATE		147 CODE		148 DATE		149 CODE	
150 OCCURRENCE CODE		151 DATE		152 CODE		153 DATE		154 CODE		155 DATE		156 CODE	
157 OCCURRENCE CODE		158 DATE		159 CODE		160 DATE		161 CODE		162 DATE		163 CODE	
164 OCCURRENCE CODE		165 DATE		166 CODE		167 DATE		168 CODE		169 DATE		170 CODE	
171 OCCURRENCE CODE		172 DATE		173 CODE		174 DATE		175 CODE		176 DATE		177 CODE	
178 OCCURRENCE CODE		179 DATE		180 CODE		181 DATE		182 CODE		183 DATE		184 CODE	
185 OCCURRENCE CODE		186 DATE		187 CODE		188 DATE		189 CODE		190 DATE		191 CODE	
192 OCCURRENCE CODE		193 DATE		194 CODE		195 DATE		196 CODE		197 DATE		198 CODE	
199 OCCURRENCE CODE		200 DATE		201 CODE		202 DATE		203 CODE		204 DATE		205 CODE	
206 OCCURRENCE CODE		207 DATE		208 CODE		209 DATE		210 CODE		211 DATE		212 CODE	
213 OCCURRENCE CODE		214 DATE		215 CODE		216 DATE		217 CODE		218 DATE		219 CODE	
220 OCCURRENCE CODE		221 DATE		222 CODE		223 DATE		224 CODE		225 DATE		226 CODE	
227 OCCURRENCE CODE		228 DATE		229 CODE		230 DATE		231 CODE		232 DATE		233 CODE	
234 OCCURRENCE CODE		235 DATE		236 CODE		237 DATE		238 CODE		239 DATE		240 CODE	
241 OCCURRENCE CODE		242 DATE		243 CODE		244 DATE		245 CODE		246 DATE		247 CODE	
248 OCCURRENCE CODE		249 DATE		250 CODE		251 DATE		252 CODE		253 DATE		254 CODE	
255 OCCURRENCE CODE		256 DATE		257 CODE		258 DATE		259 CODE		260 DATE		261 CODE	
262 OCCURRENCE CODE		263 DATE		264 CODE		265 DATE		266 CODE		267 DATE		268 CODE	
269 OCCURRENCE CODE		270 DATE		271 CODE		272 DATE		273 CODE		274 DATE		275 CODE	
276 OCC													

Employee	
04-2104338	VAJ31075

10/04/2004

Date Issued

Amount Paid: \$876.00

NEWBURYPORT, MA 01950

File Copy This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, TN 37070-1449

Claim No. 2665060

Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1203371

Explanation of Benefits

SMW+ Program

Dates of Service		Amount	Non-Charges	Charges	Covered	Med Med
From	To	Charged	Covered	Allowed	Med Med	Par
08/05/2004	08/05/2004	\$7,474.98	\$0.00	\$876.00	\$876.00	\$876.00

Total	\$7,474.98	\$0.00	\$876.00	\$876.00	\$876.00
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Comments:

Covered by

ANNA JAKUES HOSPITAL
25 HIGHLAND AVE
NEWBURYPORT, MA 01950

Provider: ANNA JAKUES HOSPITAL

Participant SSN:

RES Claim Number: 2665060

Processed by



Southern Benefit
Administrators, Inc.

HIGHLY CONFIDENTIAL
SMWMASS 000420

ASSOCIATED HOSPITAL SERVICE - MASS 1515 HANCOCK STREET
 220029 ANNA JAGUES HOSPITAL

PATIENT NAME	PATIENT CMTL NUMBER	RC	RE	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ
FROM DT	ICN NUMBER	RC	RE	OUTCD	MSD CHGS	COVID CHGS	ESRD-NEI ADJ	PER DIEM RITE
CLN STATUS	NACRG HICRG	RC	RE	PROF COMP	MSP PAYMT	NGOVD CHGS	INTEREST	PROC CD AMT
	COST COVID	RC	RE	DRG AMT	DEDUCTIBLES	DENIED CHGS		NET REIMS
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	.00	.00	184.08
[REDACTED]	[REDACTED] 102 131	B3			.00	261.00	.00	.36
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	76.92
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	76.92
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	22.85	.00	108.63
[REDACTED]	[REDACTED] 102 131	B3			.00	154.35	.00	.36
[REDACTED]	[REDACTED] 102 131	2			.00	.00	.00	.00
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	22.87
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	.00	.00	360.19
[REDACTED]	[REDACTED] 102 131	B3			.00	515.00	.00	.36
[REDACTED]	[REDACTED] 102 131	96			.00	152.00	.00	154.81
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	154.81
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	38.53	.00	87.25
[REDACTED]	[REDACTED] 102 131	B3			.00	227.70	.00	.36
[REDACTED]	[REDACTED] 102 131	2			.00	.00	.00	.00
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	101.61
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	14.31	.00	77.67
[REDACTED]	[REDACTED] 102 131	B3			.00	149.20	.00	.36
[REDACTED]	[REDACTED] 102 131	2			.00	.00	.00	71.53
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	57.22
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	14.31	.00	77.67
[REDACTED]	[REDACTED] 102 131	B3			.00	149.20	.00	.36
[REDACTED]	[REDACTED] 102 131	2			.00	.00	.00	71.53
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	57.22
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	14.31	.00	77.67
[REDACTED]	[REDACTED] 102 131	B3			.00	149.20	.00	.36
[REDACTED]	[REDACTED] 102 131	2			.00	.00	.00	71.53
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	57.22
[REDACTED]	[REDACTED] 102 131	A2 MA44			.00	876.00	.00	5364.53
[REDACTED]	[REDACTED] 102 131	B3			.00	7474.98	.00	.36
[REDACTED]	[REDACTED] 102 131	2			.00	.00	.00	.00
[REDACTED]	[REDACTED] 102 131				.00	.00	.00	1234.45

EMPLOYEE	DEPENDENT (IF APPLICABLE)	RELATIONSHIP
PROVIDER TAX I.D. #	PATIENT ACCOUNT #	10
042767880		

N0 0588583

12/20/2002

DATE ISSUED

SHEET METAL WORKERS' NATIONAL HEALTH FUND
P.O. BOX 1449 • GOODLETTSVILLE, TN 37070-1449

PAY *****75DOLLARS AND 20CENTS**

DOLLARS \$ *****75. 20**

TO THE
ORDER
OF

HALLMARK HEALTH SYSTEM, INC.
100 HOSPITAL RD

0588583

AUTHORIZED SIGNATURE

MALDEN, MA 02148

NON NEGOTIABLE

AUTHORIZED SIGNATURE

Printed Bank, Nashville
Nashville, Tennessee 37203

#00588583# 1064000046# 7021390302#

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, Tennessee 37070-1449

Toll-Free 800-831-4914 Phone (615) 859-0131

SNW+ PROGRAM

EXPLANATION OF BENEFITS

FROM DATE	TO DATE	CHARGES SUBMITTED	NON COVERED	CHARGES ALLOWED	COVERED CHARGES	AMOUNT PAID
10/01/2002	10/31/2002	2720.00	.00	95.20	95.20	95.20
		2720.00	.00	95.20	95.20	95.20

NON-COVERED CODES:

COMMENTS:

REDACTED

PROVIDER: HALLMARK HEALTH SYSTEM, INC.
PARTICIPANT
CDP CLAIM NUMBER: 2005050

BRADFORD

MA 01835

Processed by

SOUTHERN BENEFIT
ADMINISTRATORS, INC.

HIGHLY CONFIDENTIAL
SMWMASS 001367

HALLMARK HEALTH 100 HOSPITAL RD MALDEN MA02148 0000000000		2		3 PATIENT CONTROL NUMBER 131	
5 FED. TAX NO. 0042767880		6 STATEMENT COVERS PERIOD FROM 100102		7 COVD. 8 N-CD. 9 C-1D. 10L-RD. 11 30 0 0 0	
12 PATIENT'S NAME		13 PATIENT'S ADDRESS BRADFORD, MA 01835-			
14 BIRTHDATE 02251947		15 SEX M		16 ADMISSION DATE 10012002	
17 OCCURRENCE CODE 07		18 DATE OF DISCHARGE 07		19 21D HR 22 STA 2 99 01	
23 MEDICAL RECORD NO. H0081528		24 CONDITION CODES 25 26 27 28 29 30			
27 OCCURRENCE CODE A		28 OCCURRENCE CODE B		29 OCCURRENCE CODE C	
30 SHEET METAL WORKERS REDACTED		31 VALUE CODES A1 2405.80		32 VALUE CODES A2 95.20	
33 VALUE CODES A3		34 VALUE CODES A4		35 VALUE CODES A5	
36 VALUE CODES A6		37 VALUE CODES A7		38 VALUE CODES A8	
39 VALUE CODES A9		40 VALUE CODES A10		41 VALUE CODES A11	
42 REV. CD		43 DESCRIPTION		44 HCPCS/RATES	
45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES	
48 NON-COVERED CHARGES		49			
0250 PHARMACY		102902		400	
0280 ONCOLOGY		100802		7300	
0280 ONCOLOGY		100802		10600	
0280 ONCOLOGY		101502		7300	
0280 ONCOLOGY		102202		9100	
0280 ONCOLOGY		102902		7300	
0300 LABORATORY		100102		1400	
0300 LABORATORY		101502		1400	
0300 LABORATORY		102902		1400	
0305 LAB/HEMATOLOGY		100102		3000	
0305 LAB/HEMATOLOGY		101502		3000	
0305 LAB/HEMATOLOGY		102902		3000	
0331 CHEMOTHER/INJ		100102		27800	
0331 CHEMOTHER/INJ		100802		27800	
0331 CHEMOTHER/INJ		101502		27800	
0331 CHEMOTHER/INJ		102902		27800	
0636 DRUGS/DETAIL CODE		100102		6000	
0636 DRUGS/DETAIL CODE		100102		2600	
0636 DRUGS/DETAIL CODE		100102		17800	
0636 DRUGS/DETAIL CODE		100802		6000	
0636 DRUGS/DETAIL CODE		100802		2600	
0636 DRUGS/DETAIL CODE		100802		17800	
50 PAYER PAGE: 01 OF 02 MEDICARE PART A SHEET METAL WORKERS		51 PROVIDER NO. 220070		54 PRIOR PAYMENTS 240580	
52 EST. AMOUNT DUE 9520		53			
58 INSURED'S NAME		59 PAYER NO. CERT. - SSN - HIC - ID NO. 01 02		61 GROUP NAME DISABLED DISABLED	
62 DISBURSE GROUP NO. UNKNOWN UNKNOWN		63 TREATMENT AUTHORIZATION CODES		64 EMPLOYER NAME 65 EMPLOYER LOCATION EOB ATTACHED	
67 PRINDIAG CD. 1539		68 CDICD		69 CDICD	
70 CDICD		71 CDICD		72 CDICD	
73 CDICD		74 CDICD		75 CDICD	
76 CDICD		77 CDICD		78 CDICD	
79 CDICD		80 CDICD		81 CDICD	
82 ATTENDING PHYSICIAN B72551 PENNACCHIO JOSEPH		83 ATTENDING PHYSICIAN A PENNACCHIO JOSEPH		84 REMARKS SHEET METAL WORKERS PO BOX 1449 GOODLETTSVILLE, TN 37070-1449	
85 ATTENDING PHYSICIAN B72551 PENNACCHIO JOSEPH		86 ATTENDING PHYSICIAN KATHY MARTINELLI		87 DATE 11/07/02	

HALLMARK HEALTH 100 HOSPITAL RD MALDEN 1 MA02148 0000000000		2 5 FED. TAX NO. 0042767880		8 STATEMENT COVERS PERIOD FROM 100102 THROUGH 103102		7 COVD. 30		8 N-C.D. 0		9 C-ID. 0		10 I-RD. 0		9 PATIENT CONTROL NUMBER 131	
11 PATIENT'S NAME		12 PATIENT'S ADDRESS		RADFORD, MA 01835-											
14 BIRTHDATE 02251947		15 SEX M		16 DATE 10012002		17 TIME 07 3		18 YEAR 2 99		19 MONTH 01		20 DAY H0081528		21	
22 OCCURRENCE CODE A		23 OCCURRENCE CODE B		24 OCCURRENCE CODE C		25 OCCURRENCE CODE D		26 OCCURRENCE CODE E		27 OCCURRENCE CODE F		28 OCCURRENCE CODE G		29	
30 SHEET METAL WORKERS		31		32		33		34		35		36		37	
38		39		40		41		42		43		44		45	
46		47		48		49		50		51		52		53	
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238		239		240		241		242		243		244		245	
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254		255		256		257		258		259		260		261	
262		263		264		265		266		267		268		269	
270		271		272		273		274		275		276		277	
278		279		280		281		282		283		284		285	
286		287		288		289		290		291		292		293	
294		295		296		297		298		299		300		301	
302		303		304		305		306		307		308			

SM/M/MA.SS 001360

MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE

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HALLMARK HEALTH SYSTEMS	PROVIDER: 220070	MEDICARE
100 HOSPITAL ROAD	ENDING: 10/31/2002	
MALDEN MA 02148	BILL TYPE: 131	

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NAME:		SERVICE: 10/01/2002 THRU 10/31/2002
HIC:	PCN: V19070457 1	MEDICARE PAYMENT DATE: 12/03/2002
MRN: H0081528	ICN: 1231539763	PAT STAT: 01 CLAIM STAT: 1

=====

CHARGES	PPS DATA	PAYMENT DATA
REPORTED.....2720.00	DRG.....	REIMB RATE.....0.00
NON-COVERED.....219.00	DRG AMOUNT.....	PROF COMP.....0.00
DENIED.....0.00	DRG/OPERATION.....	PERDIEM.....0.00
	DRG/CAPITAL.....	INTEREST.....0.00
	OUTLIER().....	

DAYS	BLOOD DEDUCT	
COVERED DAYS.....0000	TOTAL DEDUCT.....0.00	CONT ADJ AMT.....1957.70
NON-COVERED DAYS.....0000	CO-INSURANCE.....95.20	NET REIMB AMT.....448.10

=====

REDACTED

DEPENDENT OF PATIENT/EMPLOYEE	
Employee	
04-2103602	25217241 1

70

REDACTED

11/02/2005

Date Issued

Amount Paid: \$531.64

MEDWAY, MA 02053

REDACTED

File Copy

This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Goodlettsville, TN 37070-1449

Phone (615) 859-0131 Toll-free (800) 831-4914

Claim No. 3093339

Check No. 1605648

Explanation of Benefits

SMW+ Program

Date of Service	Amount	Non-Charged	Charged	Covered	Uncovered
From	To	Charged	Covered	Uncovered	Uncovered
09/19/2005	09/19/2005	\$6,134.82	\$0.00	\$531.64	\$531.64

Total	\$6,134.82	\$0.00	\$531.64	\$531.64	\$531.64
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Comments:

REDACTED

MILFORD REGIONAL MEDICAL CEN
14 PROSPECT ST
MILFORD, MA 01757

Provider: MILFORD REGIONAL MEDICAL CENT
Participant SSN:
SMG Claim Number: 3093339

Processed by



Southern Benefit
Administrators, Inc.

MILFORD REGIONAL MEDICAL 14 PROSPECT ST PO BOX 180 MILFORD MA 01757 5084731190 5084731405		3 PATIENT CONTROL NO. 25217241 1		131	
12 PATIENT NAME		13 PATIENT ADDRESS		14 BIRTHDATE	
15 SEX 16 MS		17 D 18 NR 19 STAT		20 MEDICAL RECORD NO.	
06011933 F W		091905 06		118237	
MEDWAY MA 02053		MEDWAY; MA; 02053			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATES	
250		PHARMACY		45 SERV. DATE	
250		PHARMACY		091905	
259		PHARMACY		091905	
270		M & S SUPPLY		091905	
360		OPERATING ROOM		091905	
636		PHARMACY		091905	
001		TOTAL CHARGE		613482	
60 PAYER		61 PROVIDER NO.		62 PRIOR PAYMENTS	
MEDICARE B OUTPATIENT		220090		560318	
63 TREATMENT AUTHORIZATION CODES		64 EMPLOYER NAME		65 EMPLOYER LOCATION	
5		5		5	
67 PRIM. DIAG. CD.		68 CODE		69 CODE	
36614		36616		36616	
70 P.C. 1		71 P.C. 2		72 P.C. 3	
9		A		B	
C		D		E	
73 ADJ. DIAG. CD.		74 E-CODE		75	
B73598		GOODMAN GLEN MD		46944	
B73598		GOODMAN GLEN MD		46944	
B73598		GOODMAN GLEN MD		46944	
B					

CMC-1450 (UB-52)

OCCURRENCE

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

HIGHLY CONFIDENTIAL
SMW/MASS 000524

220090

{09/30/2005}

20051010 PAGE 6

PATIENT NAME	PATIENT CNTRL NUMBER	FRM DT	COST	REPTD CHGS	DRG NBR	OUTLIER AMT	REIMB RATE	ALLOW/REIM	INTEREST
ICN NUMBER	HIC NUMBER	TRR DT	COVDV	NCVD/DENIED	DRG AMOUNT	DEDUCTIBLES	MSF PRI PAY	PROD CD AMT	PAT REFUND
CLAIM #/CLM STATUS	MEDICAL REC NUMBER	PAT ST	NCVDV	CLAIM ADJS	DRG O-C	COINS AMT	PROF COMP	LINE ADJ AMT	REDEM AMT
NAME CHG=XX	HIC CHG=XX	TOB=XXX	CV LN	NCV L	COVD CHGS	MSF LIAB MET	ESRD AMT	CONT ADJ AMT	NET. REIMB
54	119	1199418							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	1217.32	0.00	0.310	281.48	0.00
			01	01	1.32	0.00	0.00	62.34	0.00
			01	01	0.00	0.00	79.17	855.35	0.31
			01	01	1216.00	0.00	0.00	0.00	281.48
55	11	1271236							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	507.00	0.00	0.310	54.33	0.00
			01	01	0.00	0.00	0.00	54.33	0.00
			01	01	0.00	0.00	0.00	452.67	0.31
			01	01	507.00	0.00	0.00	0.00	54.33
56	119	1108625							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	451.00	0.00	0.310	72.21	0.00
			01	01	0.00	0.00	0.00	46.28	0.00
			01	01	0.00	0.00	38.04	340.75	0.31
			01	01	451.00	0.00	0.00	0.00	72.21
57	119	1168828							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	944.00	0.00	0.310	80.37	0.00
			01	01	0.00	0.00	0.00	25.69	0.00
			01	01	0.00	0.00	44.73	818.90	0.31
			01	01	944.00	0.00	0.00	0.00	80.37
58	11	1164905							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	62.00	0.00	0.310	17.04	0.00
			01	01	0.00	0.00	0.00	17.04	0.00
			01	01	0.00	0.00	0.00	44.96	0.31
			01	01	62.00	0.00	0.00	0.00	17.04
59	11	1113082							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	506.00	0.00	0.310	55.14	0.00
			01	01	0.00	0.00	0.00	55.14	0.00
			01	01	0.00	0.00	0.00	450.86	0.31
			01	01	506.00	0.00	0.00	0.00	55.14
60	11	1174913							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	3335.46	0.00	0.310	477.12	0.00
			01	01	0.00	0.00	0.00	30.12	0.00
			01	01	0.00	0.00	265.57	2592.77	0.31
			01	01	3335.46	0.00	0.00	0.00	477.12
61	11	1195913							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	440.00	0.00	0.310	57.90	0.00
			01	01	0.00	0.00	0.00	57.90	0.00
			01	01	0.00	0.00	0.00	382.10	0.31
			01	01	440.00	0.00	0.00	0.00	57.90
62	119	1116397							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	259.54	0.00	0.310	61.75	0.00
			01	01	1.54	0.00	0.00	0.00	0.00
			01	01	0.00	0.00	20.98	175.27	0.31
			01	01	258.00	0.00	0.00	0.00	61.75
63	11	1118237							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	6134.82	0.00	0.310	893.48	0.00
			01	01	98.33	0.00	0.00	0.00	0.00
			01	01	0.00	0.00	531.64	4611.37	0.31
			01	01	6036.49	0.00	0.00	0.00	893.48
64	11	1208279							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	178.00	0.00	0.310	14.79	0.00
			01	01	0.00	0.00	0.00	14.79	0.00
			01	01	0.00	0.00	0.00	163.21	0.31
			01	01	178.00	0.00	0.00	0.00	14.79
65	11	1210302							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	428.00	0.00	0.310	28.63	0.00
			01	01	0.00	0.00	0.00	28.63	0.00
			01	01	0.00	0.00	0.00	399.37	0.31
			01	01	428.00	0.00	0.00	0.00	28.63
66	11	1140279							
NAME CHG=QC	HIC CHG=HN	TOB=131							
			01	01	45.00	0.00	0.310	7.16	0.00
			01	01	0.00	0.00	0.00	7.16	0.00
			01	01	0.00	0.00	0.00	37.84	0.31
			01	01	45.00	0.00	0.00	0.00	7.16